Everyone has a special way of celebrating anniversaries. In fact, Journal of Psychosocial Nursing and Mental Health Services (JPN) readers may be celebrating their 50th birthday, their nursing school’s 50-year anniversary, or their 50-year wedding anniversary.

This year, we’re celebrating JPN’s 50th year of publication (1963–2012). JPN was first named the Journal of Psychiatric Nursing and Mental Health Services, and its first editor was Alphonse Sootkoos, a psychiatric nurse from New Jersey, who was also its developer and publisher. Less than a dozen nurses comprised the first Board of Reviewers. There were no columns or other features, other than an occasional book review. In the mid-1970s, Charles Slack acquired the journal, and it remained small.

JPN’s Early Days
In the 1960s, most of the articles were about handling inpatient hospital environments and managing symptoms of various psychiatric illnesses. Advanced practice nursing was in its infancy, so most articles did not distinguish between baccalaureate and master’s-prepared nurses. In the next decade, articles about working with groups and families were published, but the focus was still largely inpatient settings. Delivering care in community settings was not addressed until the late 1970s. Articles on prescriptive authority were even later.

In the 1980s, JPN manuscripts were reviewed by our Editorial Board using a tedious snail-mail system. The flow of manuscripts was monitored by me, with one staff person. I used a yellow legal pad, with columns to track the submissions, reviews, decisions, and outcomes.

Short History of My Becoming Editor
Charles Slack, attempting to mirror the direction of the American Nurses Association (ANA), which had created the American Academy of Nurses, invented his own Academy of Psychiatric Nurses in 1975. However, he was not a psychiatric nurse nor a professional organization; neither did he have any evaluation or credentials criteria to judge merit for membership. Instead, Academy membership was offered for $75. To remedy this inappropriate situation, since Charles chose not to agree with the “cease and desist” messages sent by many psychiatric nurses, I organized a very grand protest at the ANA convention in 1978. The Slack booth was located directly at the exhibit hall entrance, and from the moment the hall opened, a dozen or so psychiatric nurses and I linked arms and circled the booth, preventing attendees from seeing the books and journals on display. We continued for hours and were joined by many others.

Finally, we convinced Charles to end his Academy of Psychiatric Nurses. In exchange, five of us agreed to become reviewers for JPN. By the next ANA convention, Charles had invited me to discuss what I saw as needed changes to improve the journal. I agreed to become Editor after Charles agreed to these changes and new directions. July 1981 was my official starting date; for 30 of JPN’s 50 years, I have served as Editor.

The Birth of the American Psychiatric Nurses Association
By the mid-1980s, it was clear that the ANA was moving away from a focus on clinical work and becoming a labor union, concerned with members’ working conditions and benefits. Major specialty organizations had already begun, apart from ANA. JPN’s Editorial Board, publisher, and I decided to see whether a specialty organization for psychiatric nurses could become a reality. In 1982, we designed a Century Celebration (named from the 1882 graduating class of psychiatric nurses at McLean Hospital), which was attended by more than 500 nurses.

The tale of how the American Psychiatric Nurses Association (APNA) was born from this Century Celebration is properly told in space longer than this editorial permits, but it is important to note that the APNA, which celebrated its 25th anniversary in 2011, had its origins in JPN.

JPN Today
Over the decades, JPN has moved from a paper-oriented operation to an entirely digital process. Manuscripts are submitted and reviewed, and decisions made, using an online peer review system. Issues are sent to the printer electronically, and readers can access full-text articles online, in both PDF and HTML formats. JPN has had an online presence for nearly 15 years, although it has grown and changed greatly since those early days.
JPN has a long history of responding to its readers’ needs and feedback. In fact, the sections you see in the Journal today—Psychopharmacology, Aging Matters, and Youth in Mind—were born from readers’ requests for additional content in these areas. In particular, Psychopharmacology, JPN’s most popular section, shifted from sporadic to bimonthly to monthly publication because of readers’ repeated desire for more information. Similarly, the Clip and Save: Drug Chart pulls together important details about medications in a succinct, need-to-know format, which is easily shareable.

On the flip side, JPN has discontinued some sections in an effort to devote more space to what readers really want. Two examples are book reviews and a calendar of events, as these can easily be found online via a quick search.

A MAJOR DISRUPTION

A major disruption is occurring in higher education. The centuries-old model of universities offering knowledge packaged as degrees and students gaining this knowledge through face-to-face interactions with professors is quickly eroding. This model is being replaced with a demand model in which learning is delivered in online formats ranging from brief how-to-do-it modules to entire undergraduate and graduate degrees.

The biggest change that could truly disrupt higher education and practice is the uncoupling of qualifications from capabilities. Increasingly, employers will be asking candidates to demonstrate what they can do, not whether they received a particular degree. Outcomes will be measured by performance, not fact acquisition.

Online learning will be lifelong, and the new expectation is that a clearly delivered mission or niche is visible. JPN’s niche is that it serves psychiatric nurses working clinically in various settings with diverse populations and problems.

THE FUTURE OF PRACTICE

The future of practice for psychiatric nurses at all levels of education will be, in part, back to the past. The lessons learned during the days of the National Joint Practice Commission (Smoyak, 2011) will be put into play. What one’s practice will entail will depend on the members of the collaborative team, and how the work has been negotiated, depending on time of day, day of the week, and geographical location. Clinical practice will be largely in community settings, with interventions based on systems models. Interpersonal relationships will regain importance, while psychopharmacological treatment will no longer dominate the choices of how care is provided.

REFERENCE


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